Author's response to reviews

**Title:** Case report - Infectious Diseases: Mycoplasma pneumoniae as a cause of vulvar ulcers in a non sexually active young female

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**Author’s response to reviews:**

April 28th, 2017

To: Editor,

Journal of Medical Case Reports

Re: Revised submission of the Case report entitled “Mycoplasma pneumoniae as a cause of vulvar ulcers in a non sexually active young female”.

Dear Editor,

We are pleased to submit our revised manuscript entitled “Mycoplasma pneumoniae as a cause of vulvar ulcers in a non sexually active young female” for your consideration.

We would like to thank you very much for giving us the opportunity to revise and resubmit our manuscript. We have made every effort to accommodate all reviewers’ comments, which indeed were very helpful.

Attached please find a copy of our detailed point-by-point response to the provided comments. In addition, we are pleased on behalf of all co-authors to submit our revised manuscript. Changes in the manuscript have been highlighted by yellow color.
If you have any further questions or need additional information, please feel free to contact me at +357 99 646929 or via e-mail. I would like to thank you very much in advance for your time and consideration.

Sincerely,

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Response to Reviewers’ Comments

Reviewer(s)’ Comments to Author:

Reviewer: 1

1. This article is a good one and well written but the main problem with it is that nowhere I found that the genital ulcer was due to Mycoplasma Pneumonia. Kindly explain it clearly that on the basis of which lab test you say that the genital lesion was a result of Mycoplasma pneumonia.

R: Thank you very much for your thoughtful comment. It is true that the lesion sample was negative for Mycoplasma pneumonia, however the respiratory infection by Mycoplasma pneumonia was well documented based on IgM positive antibodies, similar to other published reports cited in the article (references 8 and 9 of the article), and also due to two positive PCR tests performed from specimens obtained from the respiratory tract. The association of Mycoplasma pneumoniae to these genital ulcers is suggested to be the cause of an immune mediated mechanism triggered by the mycoplasma as the reviewer also suggests in his next comment.

2. Secondly you say that neither Mycoplasma nor any other pathogen was isolated directly from the skin lesions, therefore the immune-mediated effect may be the most probable explanation. But it is also possible that the infection might be transformed from nasal cavities to genital area through contaminated hands !!!

R: We agree with the reviewer that the immune-mediated mechanism implicated in the development of the genital lesion is the most probable explanation as suggested by the reviewer. This is well described in our discussion section. We would agree with the reviewer that there
would be a remote possibility of spreading the infection by direct inoculation of the Mycoplasma pneumoniae from the nasal cavities to the genital area by hands. However, we would expect that in such a case, there would be a much higher possibility to isolate the pathogen from the genital lesion. If Mycoplasma pneumoniae would directly cause lesions in the genital area, we would expect to isolate the mycoplasma from the lesions by PCR. In our case we did not manage to isolate the pathogen directly from the genital lesion and this was the reason why we suggested the immune-mediated mechanism as the most possible pathway through which the lesions were generated in the genital area.

3. On page no. 5 please reconsider line no. 46: ……. IV antibiotics….. write it clearly as "intravenous antibiotics".

R: Thank you. Done so as suggested.